Marc Dawson
P.O. Box 3030
High Desert State Prison
Susanville, CA 96127-3030
CDCR #P-13296

In Pro Per

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

Marc Dawson,

Plaintiff,

v.

S. Latham, et al.,

Defendants,

/

No. C 08-0741 JF (PR)

REQUEST FOR ADMISSIONS

(SET TWO)

(Fed.R.Civ.P.36)

PROPOUNDING PARTY: PLAINTIFF MARC DAWSON

RESPONDING PARTY: DEFENDANT S. LATHAM

SET NUBER: TWO

Marc Dawson
CDCR P-13296, P.O. Box 3030, Susanville, CA 96127

TO DEFENDANT AND HER COUNSEL OF RECORD:

PLEASE TAKE NOTICE that pursuant to Rule 36 of the Federal Rules of Civil Procedure, Plaintiff MARC DAWSON hereby requests that the Defendant S. LATHAM is to make the following admissions within 30 days after service of this request.

1. Attachment "A" is a page from the medical procedures manual that has a a heading of PELICAN BAY STATE PRISON in the upper right hand corner of the page.

2. S. LATHAM recognizes this page, page number IVA-4-8 as being a page in the Pelican Bay State Prison procedure maunual. See attachment "A".

3. Attachment "B" is a copy of the "MAR" for the month of June, 2006.

4. S. LATHAM recognizes this page as being a Medical Assignment Roster used at Pelican Bay State Prison. See attachment "B".

5. S. LATHAM recognizes the initials "SML" on attachment "B".

6. Attachment "B" does not contain any hand-written notations.

7. Attachment "B" is a computer generated printout.

8. Attachment "A", under the heading "Medication Errors", No. 2, states an appropriate documentation and dose given shall be recorded on the reverse side of the "MAR".

9. There is not any notations on the reverse side of Attachment "B".

10. S. LATHAM, as a health care giver, is required to be familiar with any policies and procedures in use at Pelican Bay State Prison.

Dated: July 11th, 2008

/s/ Marc Dawson, Plaintiff
Marc Dawson, Plaintiff in Pro Per

///

///

///

Marc Dawson
CDCR #P-13296, P.O. Box 3030, Susanville, CA 96127

ATTACHMENT

A

8. If the inmate-patient who is under a Keyhea order refuses ***a single dose*** of medication, and a "back-up" medication is ordered, the nurse/LPT shall determine the safety of administering the back-up medication at the facility medication administration area. If it is determined to be safe, the medication shall be administered at the facility. If it is determined the safety of the inmate-patient or staff is at risk; the nursing/LPT staff shall obtain an order from the treating psychiatrist to transport the inmate-patient to the CTC for placement into 5-point restraints. The inmate-patient shall be released and returned to his housing after administration of the medication unless otherwise determined by the psychiatrist. After normal business hours, the CTC RN shall contact the POC for orders.
9. If the inmate-patient who is under a Keyhea order refuses ***a single dose*** of medication, and **no** "back up" medications are ordered, the outpatient facility clinic, during normal business hours, shall contact the facility psychiatrist for instructions. After normal business hours, the outpatient clinic staff shall contact the CTC RN who shall contact the Psychiatric On-Call for instructions.

I. Medication Errors

1. Upon recognition of a medication error the inmate-patient shall be monitored for signs and symptoms of an adverse drug reaction.
2. Appropriate documentation of the medication and dose given shall be recorded on the reverse side of the MAR.
3. The prescribing authorized person or, after hours, the Physician/Psychiatrist on call shall be notified for further directives. If physician's orders are received, they shall be documented on a Physician's Order form (CDC 7221).
4. The RN/MTA or LPT identifying the medication error shall complete a Medication Incident Report and shall submit it to the Director of Nursing (DON) for review and follow-up.
5. Upon receipt of the Medication Incident Report, the DON shall notify the supervisor of the nurse/psychiatric technician responsible for the error.
6. The DON shall sign the report and forward it to the pharmacy.
7. The pharmacy shall maintain the original Incident Report.
8. The employee and the supervisor shall discuss how the error could have been avoided. The Nursing Supervisor shall determine the appropriate action to be taken based on the severity of the error.
9. If the error is due to Pharmacy mislabeling, a medication or filling a prescription incorrectly, the medication shall be returned to the Pharmacy immediately.

J. Medication Renewals

1. Inmate-patients with on-going conditions such as a chronic disease process or mental health conditions shall be scheduled for an appointment with the PCP/Psychiatrist prior to the expiration of essential medication.
2. Additionally, on a weekly basis, the pharmacist shall provide the clinic RN with a listing of individual essential medications that will be expiring within one week.
3. The RN shall review the list for renewal and if indicated, schedule those inmate-patients for an appointment prior to the expiration of the medication.

EXHIBIT "B"

ATTACHMENT

B

E OF CALIFORNIA

: 2006 MONTH June

MEDICATION,DOSE,ROUTE,SITE	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PENTIN Dr: YANCHA PSYMD, SEG	00																															
:ONTIN 250MG/5ML SOLN 1000 MG	06																															
BID Rte: PO Site:	12																															
06-03-2006 Stop: 06-01-2006 Disc: 05-22-2006	18																															
PRAZOLE Dr: MALO-CLINES, FNP, C	00																															
PRAZOLE 20MG CAPSULE DR 20 MG	06																															
Q Rte: PO Site:	12																															
06-03-2006 Stop: 06-30-2006 Disc:	18																															
APENTIN Dr: RUBEN PSYMD, SAM	00																															
RONTIN 250MG/5ML SOLN 1000 MG	06	VMG	VMG	ES	JRE	ALJ	ALJ	VMG	VMG	SML	JAT		VMG	VMG	VMG	VMG	VMG	JAT	JAT	VMG	VMG	VMG	VMG	VMG	JAT	JAT	VMG	ES	VMG	SML	VMG	
E Rte: PO Site:	12																															
06-22-2006 Stop: 06-30-2006 Disc: 07-14-2006	18	IRK	RMR	IRK	IRK	IRK	IRK	ES	SML	IRK	IRK	IRK	IRK	IRK	AGT		IRK	IRK	IRK	IRK	IRK	AGT	AGT	IRK	IRK	IRK	IRK	IRK	AGT	AGT	IRK	
HENHYDRAMINE HCL Dr: HUTCHINSON PSYMD,	00																															
HENHYDRAMINE 50 MG CAP 50 MG	06									JEH																						
: SAT Rte: PO Site:	12																															
06-09-2006 Stop: 06-09-2006 Disc: 06-09-2006	18																															
HENHYDRAMINE HCL Dr: RISENHOOVER, FNP,	00																															
HENHYDRAMINE 25MG CAPLET 50 MG	06																															
: SAT Rte: PO Site:	12																															
06-10-2006 Stop: 06-12-2006 Disc: 06-12-2006	18										SER																					

EXHIBIT 2D

INITIALS	SIGNATURE	INITIALS	SIGNATURE
		AAE	MPIMSAAE
	MPIMSAGT	ALJ	MPIMSALJ
MW	MPIMSAMW	BRW	MPIMSBRW
AB	MPIMSCAB	CIR	MPIMSCIR
LM	MPIMSCLM	CLR	MPIMSCLR
AG	MPIMSDAG	EBP	MPIMSEBP
S	MPI S	GHG	MPIMSGHG
JP	M JP	IRK	MPIMSIRK
AT	MPIMSJT	JEH	MPIMSJEH

Institution PBSP

CDC NUMBER, NAME (LAST, FIRST, MI)

DAWSON, MARC

P13296

Injection Site Codes:

(1)RIGHT UPPER OUTER QUADRANT
(2)LEFT UPPER OUTER QUADRANT
(3)RIGHT DELTOID
(4)LEFT DELTOID
(5)RIGHT THIGH
(6)LEFT THIGH
(7)RIGHT ABDOMINAL
(8)LEFT ABDOMINAL
(9)RIGHT VENTRAL GLUTEUS
(10) LEFT VENTRAL GLUTEUS